Name in Full Effie Lee Bennet — Certificate of Death

Died at Town Hollows County Dor MARYLAND

Date 1894 Month Oct. Day 29th | Age Y. 10 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name Joseph Bennit — Mother's Name Lizzie Bennet

Cause of Death — Primary Bronchitis — How long sick

Immediate — Accident, Suicide, Homicide

Reported by J. T. Hendrix Undertaker

Address Deals Island Md 6-12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. Steves

of Hollans Island

Seen by Coroner

of

Information contained in this certificate received

from Manjery Gratten

of Hollans Island

Name In Full Forest

Certificate of Death

Town County

Died at Hollands Island Dorchester MARYLAND

Month Day Y. M. D. Native of Occupation

Date 189 Oct-25th Age 2 Yr 4 years Hollands Island

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ Widower ~~Number of children living~~

~~Husband~~ of

~~Wife~~

Father's Name Hester Forest Mother's Name Ella Forest

Cause of ~~Primary~~ Malaria fever How long sick 6 weeks

Death Immediate

Accident, Suicide, Homicide

Reported by J. W. Steeves M.D.

Address Hollands Island Dorchester Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Attended by Dr. J. W. Stevens

of Hollands Island

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full — Certificate of Death

Gorne

Died at Town: Cambridge County: Dorchester MARYLAND

Date 189 9 Month 10 Day 12 | Age Y. M. D. 1 hour | Native of | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name 13 8th

Cause of Death: Primary Premature birth (6½ mos. child) | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Dr. Gray Slate, M.D.

Address Cambridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Garner

Certificate of Death

Died at Town Cowridge County Dorchester MARYLAND

Date 1899 Month Oct. Day 16 | Age Y. — M. — D. 1 | Native of Md | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife

Father's Name Joseph Garner | Mother's Name —

Cause of Death: Primary Pneumatism 138 | How long sick —

Immediate | Accident, Suicide, Homicide

Reported by John Mace

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Elsie Giles

Died at Town Church Creek County Dorchester MARYLAND

Date 189 9 Month Oct. Day 18 Age Y. 20 M. D. Native of Occupation

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living 2

~~Husband~~ ~~Wife~~ of

Father's Name

Mother's Name

Cause of Death Primary 148 How long sick

Immediate Drowned Accident, ~~Suicide, Homicide~~

Reported by Dorchester Standard

Address Oct. 21/1899

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Estelle Keene

Certificate of Death

Died at Town Madison Md. County Dorchester MARYLAND

Date 1899 Month Oct Day

Age Y. 1 M. 3 D.

Native of

Occupation

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ Widower

~~Divorced~~

Number of children ~~living~~

~~Husband~~ Wife of

Father's Name George Keene

Mother's Name

Cause of Death: Primary 161

~~Immediate~~

How long sick 3 weeks

~~Accident, Suicide, Homicide~~

Reported by

Address Madison Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Name In Full: Lizzie C Langford

Certificate of Death

Died at: Town / County: Dorchester — MARYLAND

Date 1899 Month: Oct Day: 1 | Age Y. 30 M. D. | Native of: Dorchester | Occupation: farming

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living: Non

Husband / Wife of: Daniel Langford

Father's Name: dont know | Mother's Name: Luisa Lewis

Cause of Death: Primary / Immediate: Tiford Leaver | How long sick / Accident, Suicide, Homicide

Reported by: Levin Lewis

Address: Drawbridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. A. J. Hutchins

LIBRARY BUREAU, 79898

Attended by Dr. Price

of Vienna Md

Seen by Coroner _____

of _____

Name In Full | Certificate of Death

Willy Matthews

Died at Town: Cambridge County: Dorchester MARYLAND

Date 1899 Month: Oct Day: 22 | Age Y. 33 M. D. | Native of: Cambridge Md | Occupation: Servant

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of ——

Father's Name ——

Mother's Name ——

Cause of Death: Primary: Chronic Nephritis. Valvular Heart, Trouble | How long sick: some months

Immediate: Heart Failure 97 | Accident, Suicide, Homicide

Reported by: B. W. Golasborough

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Louisa Nichols

Certificate of Death

Died at Town Cambridge County Dorchester MARYLAND

Date 1899 Month Oct Day 31 | Age Y. M. D. about 82 | Native of Dor. Co | Occupation —

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ ~~Number~~ of children living

Husband of Wife James Young

Father's Name — Mother's Name —

Cause of Death: Primary Old age 88 | ~~How long sick~~

Immediate Diarrhoea | ~~Accident, Suicide,~~ Homicide

Reported by Dr Guy Steele

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Thomas E. Simmons

Certificate of Death

Died at Town: Cambridge County: Dorchester MARYLAND

Date 1899 Month: Oct Day: 12 | Age Y.: 54 M.: 7 D.: 28 | Native of: Dorchester Co. | Occupation: Carpenter

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living: 7

Husband of Wife —

22a

Father's Name: Edward Carey Simmons | Mother's Name: Thomas Robinson

Cause of Death — Primary: Pulmonary Tuberculosis — How long sick: about one year

Immediate: Pulmonary Hemorrhage — Accident, Suicide, Homicide

Reported by: Hospital

Address: Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full James R Thomas

Certificate of Death

Died at 8th Dist Town County Dor. Co MARYLAND

Date 1899 Month Oct Day 11 | Age Y. M. D. | Native of Dor. Co | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband of Wife

Father's Name

Mother's Name 22 f

Cause of Death: Primary Intestinal Tuberculosis — How long sick 3 yrs

Immediate Intestinal Haemorrhage

~~Accident, Suicide, Homicide~~

Reported by S A Stokes M D

Address Cambridge. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full: Desey Wainwright

Certificate of Death

Died at: Town: Vienna — County: Dorchester — MARYLAND

Date 1899: Month: Aug — Day: 17 | Age: Y. 83 M. D. | Native of: Md | Occupation: Retired Farmer

Male / ~~Female~~ | White / ~~Colored~~ | Married: yes / Single | ~~Widow~~ / Widower | ~~Divorced~~ / Number of children living: dont Now

Husband / ~~Wife~~ of: Emiley Nelson

Father's Name: dont Now | Mother's Name: dont Now

Cause of Death: Primary: oldage | Immediate: yes

How long sick: death Incident

~~Accident, Suicide, Homicide~~

Reported by: Robt J Prise m d

Address: Vienna Dorchester Co m d

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. R G Prize

of Vienna Dorchester Co Md

~~Seen by Coroner~~

~~of~~

Information contained in this certificate received

from Emily Nelson Wife of decest

of Vienna Dorchester Co Md

Name in Full: Olive Ward

Certificate of Death

Died at: Town: Dorchester County: — MARYLAND

Date 1899: Month: Oct Day: 4 | Age: Y. 11 M. about D. | Native of: Wn. | Occupation: —

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Thos. J. Ward

Mother's Name: Emily Wilson

Cause of Death:
- Primary: Typhoid fever
- Immediate: Intestinal perforation

How long sick: 3 weeks about

~~Accident, Suicide, Homicide~~

Reported by: Guy Steele

Address: Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

Payton A. Webb

Died at Town: Vienna County: Dorchester MARYLAND

Date 1899 Month: Oct Day: 30 | Age Y. 14 M. D. | Native of Vienna | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ Divorced ~~Number of children living~~

Husband of
Wife

Father's Name: Thomas J. Webb

Mother's Name: Magey Hodson

Cause of Death: Primary: Typhoid fever ~~Immediate~~

How long sick: 21 days

Accident, Suicide, Homicide

Reported by: Geo. W. McCready

Address: Vienna

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. dicke

of Salsbuary, md

~~Seen by Coroner~~

~~of~~

Information contained in this certificate received

from magey. Webb, mother of decey

of vienna dorchester Co, md